



THE

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No. 1.

ON CHOLERA, ITS NATURE AND TREATMENT.

By Charles Clarke, Esq., Surgeon, Kensington.

By the latest accounts from Asia and the east of Europe, it appears that that awful pestilence, the cholera, after sweeping over a part of the former continent, has arrived at the latter. This course, combined with our former experience, justifies us in entertaining the most serious apprehensions, that, ere long, it may arrive upon our own shores. The absurdity and total inefficacy of all quarantine regulations to exclude it, was, I think, sufficiently demonstrated during its last dreadful visitation, to prevent such injurious and fruitless restrictions upon trade, commerce, and social intercourse, being ever again resorted to for that purpose. No person, I apprehend, who has had any experience in the matter, and whose mind, divested of prejudice, is capable of being exercised in a sound induction from facts, will *now* contend that cholera is of a contagious nature. The simple fact seems to be, that the cause of cholera exists, like many other epidemics, in a peculiar—I may, perhaps, say poisonous—condition of the atmosphere, but of the exact nature of that cause or condition we may as well, I believe, confess ourselves entirely ignorant. But until we can place the whole country under an exhausted receiver, and teach people to live without air, we must continue to be liable to its attacks. Such, then, being the case, it behoves us to buckle on our armor, and prepare to meet such a formidable foe with all the resources in our power. Although not a practitioner, but a student, at the time of its last incursion, I well recollect the utter confusion, contradiction, and discrepancy of opinion which then existed amongst medical men as to the best mode of treating this fatal disease. In order, therefore, that it may not come upon us a second time, and find us almost entirely unprepared, I beg to suggest that this subject be immediately mooted at the various medical societies throughout the country, and that the question, What is the best treatment of cholera? should undergo an ample discussion upon the data already established, whilst a cool and comprehensive survey can be taken of them, and men's minds are unprejudiced by the hurried observance of a multitude of cases occurring around them; for it is not during the hurry and confusion of the fight that the best plans of a battle are laid. This would serve also to elicit information as to the opinions which *now* exist amongst the profession upon the subject—would direct public attention to it, and contribute to

enlighten those junior members who have not had an opportunity of acquiring practical knowledge by treating the disease themselves. Now as every one is entitled to hold his own opinion, after due deliberation, and to construct his own little theory upon the subject, and as I have treated the disease in India and elsewhere, I may, perhaps, here venture to state my ideas of its nature, and the best mode of treatment.

Cholera, then, seems to me to be produced by a deleterious state of the atmosphere, of the exact nature or even origin of which we are utterly ignorant, as no appreciable difference can be detected between this air and any other, by any means with which we are at present acquainted. This air having entered the blood through the medium of the lungs, a morbid impression is directly produced; the constitution as it were immediately takes the alarm, and a number of violent actions are set up by the *vis medicatrix nature* to expel the dangerous intruder: hence the severe vomiting and purging at the onset, terminating in the rice-water stools, and producing extreme irritation of the spinal nerves, as exhibited in cramps in the abdomen, lower extremities, &c. These rice-water stools, as they have been not inaptly designated, are evidently nothing more than the serous or albuminous portion of the blood exuded upon the surface of the intestines, combined with the epithelium of the mucous membrane. Granting this, then (and I think it will scarcely be disputed), the immense quantity of these evacuations sufficiently demonstrates what must be the condition of the blood still remaining in the vessels. Being thus deprived of the greatest part of its fluid contents, of course the crassamentum, or fibrinous portion, is left in a viscid and thickened condition, quite unfit for the various purposes of circulation; hence local engorgements ensue, especially in the system of the vena portæ; hence the blueness and lividity of the surface, the diminished heat of the body, the feeling of cold and numbness, the scanty nature of the bile, urine, perspiration, and other excretions, the hollow countenance, the pinched nose, the sunken eye, the diminished respiration, feeble pulse, and death. If this sketch of the origin, progress and termination of the disease be correct, what, then, should be our chief indications of treatment? Evidently, to moderate the morbid actions established by nature for the expulsion of the poison; and as this seems to be attempted by draining the blood of its fluid parts, a prime object should be to replenish these as near as possible, and thus endeavor to maintain its natural fluidity and free circulation, so as to support the system whilst the exhausting processes are going on. 2dly. To prevent local engorgements, especially of the liver, vena portæ, and other portions of the abdominal circulation. 3d. To promote healthy secretion, and allay pain, irritation, spasm, &c.

Now the question remains, how are these various objects to be most effectually accomplished? To fulfil the latter part of the first indication, I would propose that a drink should be prepared, resembling as near as possible the composition of the serum, with albumen, muriate and carbonate of soda, &c., only, of course, in a more dilute state, and that the patient should partake of this as freely as possible, in fact, *ad libitum*. Effervescent salines might also be given occasionally. To restrain inordinate

action, promote healthy secretion of bile and perspiration, and at the same time allay irritation, spasm and pain, nothing, I think, will be found more effectual than a combination of calomel and Dover's powder, administered freely, until the violence of the vomiting and purging is removed, and bilious evacuations are obtained; taking care, however, that the quantity of opium given be not such as to prove injurious to the brain, or to excite a fever of re-action—a result which I believe frequently occurred during the last epidemic, with the calomel and opium treatment, and often carried off the patient after the cholera itself had been surmounted. Should local engorgement ensue and continue, notwithstanding these means, bleeding might then be resorted to, regulating the quantity of blood abstracted by the extent of the congestion and the constitution of the patient; but it is upon this principle alone, in my opinion, that blood should be drawn in cholera, for, as we cannot purify a well of impure water by withdrawing a bucketful, neither can we change the whole mass of blood by removing a portion. If it were possible to abstract the whole or even the greatest part of the vitiated blood in these diseases, and replace it with healthy blood, adapted to the constitution of the patient, by transfusion or otherwise, I believe this would be the most successful practice of all; but, unfortunately, this is a task rather beyond our reach at present. To support the tone and energy of the nervous system, and promote animal heat, towards the close, and in some cases during the progress, stimulants, as wine, brandy, ammonia, &c. may be employed as auxiliaries; for I cannot understand upon what correct pathological principle they are made the sheet-anchor of the treatment, as some have advised. Nutritious diet, in proportion to the powers of digestion, should of course be attended to, and warm baths will be found serviceable.

Such, then, is an outline of the plan I would venture to recommend to the attentive consideration of my junior medical brethren to combat this fearful pestilence, should it unhappily again visit these islands in its awful and devastating course; and though it becomes us from bitter experience to speak with the most profound humility of any plan of treatment yet devised to stop its ravages, yet I am firmly convinced the foregoing will be found the most effectual of any with which we are at present acquainted, if vigorously and judiciously carried out.

The progress of the disease during its last visitation in this country showed that it chiefly attacked the poor, the ill-fed, the ill-clothed—those breathing an impure atmosphere in crowded streets and dwellings—in fact, all those whose blood was impoverished, or whose health and strength were previously impaired by any cause whatsoever. It might therefore be denominated the poor man's scourge—perhaps, some would say, his relief; but even the slightest apprehensions of its advent now is enough to make one shudder to contemplate the havoc it may produce, especially in Ireland, should it follow upon the heels of the famine which is now undermining health there, and, as it were, preparing for its prey the suffering people of that unfortunate country.—*London Lancet.*

"A DANIEL COME TO JUDGMENT."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have perused two communications from Dr. F. A. Ramsey, which have recently appeared in your Journal, and deeply regretted to discover a design, on the part of the writer, to disseminate unfavorable impressions with regard to the professional claims of Professor Annan to public consideration and respect. I agree with Dr. Ramsey that "Medical Journals are the instruments to be used in every possible manner that will tend to the advancement of the profession," and am even ready to admit that "comments upon the ability, medical information, or mode of reasoning of any teacher, made in a spirit of philanthropic investigation," may be admissible without a necessary violation of professional courtesy, and even be productive of good. At the same time, "preceptors who have to determine where their pupils shall go" will feel it to be their duty and their privilege to inquire into the character and motives of any individual who presumes to advise, and speaks to them the language of superiority and instruction.

If it should appear that Dr. Ramsey has felt himself authorized by age, by experience, and by an acquaintance with the professors in the various medical institutions of our country, to mount the tripod and call upon all men to hear and respect his judgment as the decree beyond which there is no resource, and that his opinions are couched in terms respectful to the feelings and opinions of others, I would be silent. Such, I regret to say, is not the fact. Who, then, is Dr. Ramsey? What achievement in the profession can he boast to justify his self-esteem in the supererogatory task which he has undertaken? Can he plead gray hairs, and a life of devotion to his profession, as an excuse for the very complaisant and decided manner in which he forces his opinions upon those who are presumed to be at least as competent as himself to form their opinions upon the subject in controversy?

Dr. Ramsey received his diploma from the Transylvania Medical School, in the spring of 1842—four years since. Whatever may have been his opportunities since then of prosecuting his professional pursuits, he certainly was not, at that time, distinguished above a hundred others for genius, or power, or originality of intellect.

Let us inquire, for a moment, what high offence against the philanthropic sentiment which actuated your correspondent, has been committed by Professor Annan. In an article referred to by your correspondent, Prof. A. remarks—"There is no therapeutical principle in practical surgery better settled than that of the great superiority of warm lotions to the eye, in a state of acute inflammation." This is the very head and front of the offence, and upon this opinion Dr. Ramsey has formed his estimate of Dr. Annan's capacity to teach obstetrics!! He objects, not so much to the opinion, as to the positive manner of its expression, and favors us with his conceptions of a good medical school. The highest qualification (in Dr. Ramsey's opinion, as we receive it from his own publications) of an accomplished teacher of physic or

surgery, consists in the avoidance, with *political* caution, of that species of dogmatism which induces a teacher to express, in positive terms, any opinion relative to practical medicine or surgery, although convinced by long experience of its truth, provided a different opinion may have been entertained by any one else. Apply this rule of action to any truth in the science, and we can readily perceive its absurd tendencies. To illustrate. It is a truth, well established, that quinine is superior to all other remedies in the treatment of intermittent fever. There are some cases, however, in which the remedy fails of its effect, and, acting upon the conservative principle of Dr. Ramsey, no professor should risk his reputation by proclaiming his belief in the principle which directs the use of that remedy. Dr. Ramsey knows, without doubt, that writers and practising physicians differ in their views concerning the influence of heat and cold upon inflamed surfaces. To attempt an array of the conflicting testimony would lead to endless references, and a perpetual controversy. It is a subject upon which, after all, the experience of every individual must decide.

Dr. Ramsey's publications are objectionable, because his youth and inexperience disqualify him to be a judge worthy of respect in regard to mooted principles of physic; it is evident that he is actuated by improper motives, and wishes, by inflicting an injury upon Dr. Annan, to injure the Lexington School. He knows nothing of Dr. A. as a teacher or a man, except by reputation, which places Dr. A. above the force of such a criticism. History tells of a time when the language of wisdom and counsel was appropriate alone to age and experience; when it was the duty of youth to be silent, to observe, and to learn. The strange revolutions of time have changed all this. Now, in this age of steam cars, electric telegraphs and infant phenomena, the old nursery adage is reversed. "Young folks [now] know that old folks are fools;" and the rapidity with which infant intellect matures, is perfectly astonishing. Genius crows its fair promise from the cradle, apes philosophy under the bib and tucker, and at 21 speaks the words of conscious wisdom as an oracle.

"Straws," Dr. Ramsey justly remarks, "show which way the wind blows;" and he is proclaimed, in a recent advertisement, Professor of *Materia Medica* in the Memphis school. We shall be impatient to see his sketch of the incumbent of that chair, and to learn whether all preceptors will not be told that there is at least one medical institution in the Mississippi valley, where the "chairs are filled by men who are well acquainted with the many changes of medicine, &c. &c.," and who have too much regard for the *apodixis* to express an opinion upon any subject whatever, whether apochryphal or otherwise. It may be presumed that Dr. R., with regard to the *positive* therapeutic operation of any medicine, will be always prudently found "upon the fence;" for there is no one, the ordinary action of which may not be modified or perverted by circumstances.

Respectfully,

Lexington, Ky., July 18, 1846.

E. L. DUDLEY.

DISEASES OF THE SPLEEN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As diseases of the spleen are not of frequent occurrence in our New England climate, I have thought that the history of the following cases would not only interest your readers, but also be of service to some of them in treating such cases as occasionally do appear in the forms herein presented.

The debilitated condition of these patients will generally preclude the employment of the lancet; though in all the cases that I have seen, there has been inflammatory action, with strong local determination. I have never resorted to leeching or cupping, but have substituted for them that more potent remedy, *counter-irritation*.

Purging benefits the disorder, and is admirably adapted to the majority of cases, says a distinguished writer, and for this purpose Mr. Twining's Spleen Mixture is a most valuable cathartic preparation; its tonic properties make up for its reducing agency, and in its use we obtain both a tonic and deobstruent effect in a very striking manner.

CASE I.—G. E., aged about 25 years, consulted me on account of a tumor on his left side; his health had been gradually failing for the last three months; the first time I saw him was on 24th of December, 1845. He was emaciated, his face was sallow and bloodless, tongue coated with a white mucus, pulse 120. He had been west during the preceding autumn, where he had suffered from a tertian ague. Previously he had been under the care of a root or steam doctor, but his side and other complaints growing worse, compelled him to seek assistance from a different source. Besides the symptoms above mentioned, there was violent and continued pain in the affected side, costiveness, night sweats, and a rapid decay of muscular power.

On examination the spleen was found enormously enlarged, there was tenderness on pressure, it occupied the whole left hypochondria, and reached two fingers' breadth below the umbilicus. Anteriorly the tumor was rounded, and so prominent as at once to be noticed without being touched.

A seton was introduced directly opposite to the apex of the tumor. Tartar-emetic ointment to be rubbed over the swelling twice daily, and the following powder to be taken every morning: R. Pulv. jalap., pulv. rhei, āā gr. x. Mix for a dose.

Dec. 27.—Symptoms much the same. The powders had purged him freely. The seton had produced no discharge, some irritation from the ointment. Applied a poultice to the seat of the seton, and continued the remedies.

Jan 1.—The discharge from the seton and irritation from the ointment considerable. The powders were omitted, and Mr. Twining's Spleen Mixture substituted. R. Pulv. jalap., pulv. rhei, pulv. calumbæ, pulv. zinziberis, potassæ supertartratis, āā 3 j.; ferri sulphatis, ðss. ; tinct. sennæ, 3 iv.; aquæ menthæ sativæ, ℥ x. Misce. Dose, one ounce and a half at 6, A. M., and repeated at 11, A. M. The doses for children must be regulated so as to produce three or four stools daily.

6th.—Very little alteration in the general appearance of the patient. He has less pain, however, rather better appetite, and the swelling somewhat subsiding. Continued the mixture, and recommended him to take ten drops of acidum sul. aromat. three times a-day.

12.—Pulse 100, night sweats abating, no pain except on motion, the swelling much smaller. As the walls of the abdomen are extremely thin, the substance of the spleen can be easily felt. It is as hard as horn, without much tenderness. Omitted the tartar ointment, and used the following. R. Hyd. potass., ʒ iij.; cort. sinp., ʒ j. M. Spleen mixture continued.

15th.—Pulse 90 and soft, appetite good, has none of the sweats, and there is less induration of the spleen. Continued the remedies.

21st.—Doing well, pulse 80, countenance much improved.

29th.—Much better in every respect. Allowed a generous diet, removed the seton, and continued the mixture.

The further progress of this case was favorable and rapid, the disease disappeared, and health and strength returned. On the 18th of Feb., 1846, I discontinued my visits. Mr. E. is now at Glens Falls, N. Y., and a gentleman from that place lately informed me that he was in the enjoyment of perfect health.

II.—C. B., aged 2 years, of slender parents, and scrofulous diathesis, while recovering from acute bronchitis was found to have enlarged spleen. He was treated with the spleen mixture, and had iodine ointment rubbed over the spleen. He was improving, the spleen having been reduced nearly to the normal size, when he was seized with convulsions, which terminated his existence in a few days after the first attack.

III.—Mrs. T., aged about 30, the mother of one child, was afflicted with neuralgia and spinal irritation. There was tenderness over the lumbar region of the spine, and enlargement of the spleen. The spinal disease was treated in the usual manner, and the seton, ointments, and spleen mixture used as before. She recovered in six weeks from the time I was first called to visit her.

Yours,

Lime Rock, R. I., July 25, 1846.

J. P. LEONARD.

CURATIVE POWERS OF NATURE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An article in your Journal of the 15th inst., from the pen of Dr. John Clough, under the caption "Alleged Homœopathic Cures," teaches principles which bear so striking a resemblance to the homœopathic practice itself, that we might suspect them to be of the same family, were not the views of the writer too well known to admit of any such imputation. The doctor, however, has "little confidence in medicine as a curative agent;" and he brings, in defence of his ideas, three cases, which, with your permission, shall receive a cursory review.

In the first case, the "pulse was about 100, severe headache, furred

tongue, restlessness, sickness at the stomach, loathing of food, and a general prostration of the nervous energies." Who does not see in this, either a case of slight fever, or one of those headaches which affect more than half of the community several times in the year, almost always resulting from improper diet, sudden changes of weather, or slight constipation, and which are nearly always relieved without the attendance of a physician, requiring nothing more than a laxative, which was probably furnished, in the case referred to, by the gruel.

The second was a girl with "scarlet fever," "not malignant." She "recovered without any medicine except a dose of castor oil." Every one is aware that usually, in simple scarlatina, a "dose of castor oil" is all that is necessary. It is not advisable to pursue active antiphlogistic measures in any such simple cases. Here, the so much abused *vis medicatrix nature* may be sufficient to alleviate the symptoms. But she should not be too much relied upon out of her own legitimate sphere.

But so little has been the experience of the writer of the article under consideration, in the curative abilities of nature, that he is obliged "to report a case second handed." Now, therefore, we might expect this *selected* case to afford a complete proof of the resuscitating power of nature, and of the inefficiency of medicine in disease. But what is the fact? "He was called to attend upon a little girl, with severe inflammation of the eyes, which proved obstinate for some time, under the most judicious treatment." The "judicious treatment," probably antiphlogistic, which was adopted, laid the foundation for a cure, and all that was thereafter necessary was quiet, rest, and care. These were obtained, and the recovery was complete.

Those, who have kept pace with the spirit of the age, find that there has been a vast improvement in medical science within the last twenty years. Medicine is becoming more and more the property of the public. A man must now not only know what medicine he is administering, and why, but the public have almost come to the conclusion that they must know the same, and the physician must be prepared to inform them if the demand be made. We are emerging from the clouds and gloom in which medicine has long been immersed, and are nearly realizing that perfection of the science, which fifty years since was but little dreamed of. Medicine is becoming less of a speculation, and the human race are reaping the benefit thereof. Men are becoming convinced that hygienic means are as valuable as recuperative ones. They have ascertained that alcohol is one of their enemies, and that vaccination is one of their friends. The luxuries of life are less sought for, the champagne sparkles less upon our tables, the wine-glass is invisible at many of our weddings, the ventilation of our houses and public halls is better regulated, the health of our cities is increasing; even Boston, which has always been noted for the purity of its air and the healthiness of its location, Boston, I say, has now but one death in fifty throughout the year, while fifteen years ago there was one in forty-three; in short, human life is growing longer, for while the public investigate into the acquirements and abilities of medical men, when they seek for the information

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which all are obliged to furnish, they at the same time distinguish the ignorant man from the wise, the quack from the physician, and give the preference to him whom they perceive does not have *one* theory or *one* remedy for the variety of cases which come under his observation, but who judges and administers according to the dictates of a common reason and an enlightened knowledge and experience.

J. W. S.

Boston, July 23, 1846.

UNSUCCESSFUL CASE OF HOMŒOPATHIC TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of June 17th, page 398, in an article by Dr. Holt, of Lowell, on "Aconite and Mercury—Homœopathically," is the following remark—"Let us then compare our cases of practice, and let those who are capable judging, decide on which side the error lies." Now if you think the following case, which occurred not twenty miles from Lowell, accompanied with the one reported by him, on the above page, would assist him in detecting error, you are at liberty to report it.

Mrs. K., aged about 35, sanguine temperament, strong, vigorous constitution, active habits, wife of a farmer in easy circumstances, but disposed to use her own hands. In June, 1843, did a large washing on Monday; weather was very warm; slept at night with a window raised, and took cold. Tuesday had chills, followed by heat and pain in bowels. Wednesday, pain increased; took oil, which did not operate well; had a restless, distressed night. Thursday morning, her husband came for me to visit her. I was out of town. He then called a homœopathic doctor, who was a regular educated allopathic M.D., but had fallen from the faith, and had been for some time practising *homo*. I heard nothing farther from the case until Saturday towards noon, when Mr. K. called and wished me to visit his wife; said she had been very sick, suffered much from pain in her bowels, and thought she ought to take an active cathartic, but the doctor said he could cure her better without, and gave her nothing but "globules," which did not affect her in any way. Her bowels had not yet been moved, but the pain subsided during the last night, yet she had a very restless, distressed night, and he did not think she was any better—although the doctor had called early in the morning, and said that she was not only better, but convalescent, and it would not be necessary for him to visit her again, and took away what medicine remained. As the doctor pronounced her convalescent in the morning, I did not suppose the case was immediately dangerous, and advised him to call the doctor again, and if he did not relieve her after a fair opportunity for a trial, I would visit her. He soon had the doctor visit her again. About sunset Mr. K. came to me, and said the doctor had been there twice, was coming again in a few moments, Mrs. K. was no better, and wished me to meet him. I went immediately, and found the doctor there. As I entered the room, the patient was vomiting a small quantity of dark greenish-brown matter; countenance contracted; ex-

ceedingly anxious, distressed look; skin covered with a cold, clammy dampness; pulse 130, small and feeble; feet and knees quite cold; abdomen distended and very tender, pressure upon it gave much uneasiness and vomiting; occasionally had what she termed severe cutting pains, followed with vomiting. I took an early opportunity to say to the doctor that I feared gangrene had, or was about to take place, and of course we must expect a fatal termination. He hoped not; said he had given aconite, and the common homœopathic treatment, for enteritis, but was willing to try allopathy now. We had friction, first dry, then with hot tinct. flies, followed with active, hot mustard poultices to her limbs, flannel kept saturated with tinc. flies upon her bowels. Gave *carb. ammo.* and camphor, wine and quinine, spt. turp. and castor oil, and stimulating enemas, but she continued to sink and died about noon on Sunday.

Query.—If, “the morning previous” to the call of the homœopathic man, “she had been bled and purged very freely, and other appropriate allopathic treatment adopted by a very respectable practitioner,” as in Dr. Holt’s case, would she not have been much more likely to have recovered, even if she had taken drops of water, instead of globules of aconite. W.

June, 1846.

STATISTICS OF MARRIAGES, LABOR, &c. &c.

[THE following interesting statistical report is drawn up by Dr. J. M. Waddy, senior surgeon of the Birmingham Lying-in Hospital, and is published in a late number of the London Lancet.]

Before entering on the following statistics, it is well to remark, that as the benefits of the charity are limited to married women, many injurious complications of labor are, to a great degree, avoided; but the class of patients attended upon are, for the most part, poorly fed, clothed, and lodged, and many of them are employed in manufactories, and exposed to circumstances, of a moral and physical nature, extremely detrimental to their health and comfort.

The early age at which some marriages appear to have taken place, will strike the reader; but the freedom of intercourse between young persons of both sexes employed in factories, especially at meal-times, and after work is over in the evenings, tends to the early development of sexual inclinations, and often induces early, ill-assorted, and compulsory marriages. These early marriages are extremely prejudicial to health, are embittered by constant disappointments, and are often associated with extreme poverty and wretchedness. No wonder, then, if in persons thus circumstanced, labor should often prove tedious, difficult and dangerous, and the offspring weak and sickly, having, in birth, the germ of future ill health and premature old age, and the promise of an early grave.

The marriage of factory girls with apprentices, whose low wages are scarcely sufficient to procure subsistence for themselves, and which are quite inadequate to the support and proper maintenance of a family,

produces very often scenes of misery and wretchedness, surpassing, in their cold reality, the woes of fiction. Such scenes rarely leave their victims untainted in morals, never unprejudiced in health; and it is a subject worthy the attention of the statesman to find a remedy for a system so burdened with social evil, and which, whilst it continues, must, in many instances, constitute an almost impenetrable barrier to the reception of moral and religious truth.

In Manchester, and in many other of our large manufacturing towns, the nature of the employment, together with the large number of hands employed, are such as to admit of a system of strict moral discipline being enforced, with a proper separation and classification of the sexes. This, however, cannot be done to any great extent in the number of small manufactories with which Birmingham and its neighborhood abound. The following are some of the results which presented themselves in the practice of the hospital during the last year:—

Age of Marriage.—Of 528 females, 1 had married at 14 years of age; 4 at 15; 13 at 16; 44 at 17; 85 at 18; 91 at 19; 97 at 20; 76 at 21; 55 at 22; 36 at both 23 and 24; and 33 at 25; beyond which age the number of marriages greatly diminished, and only 1 married respectively at the ages of 32, 34, 37 and 38.

Of 574 males in Birmingham, it was also ascertained that 1 had married at 15 years of age; 3 at 16; 12 at 17; 28 at 18; 42 at 19; 84 at 20; 52 at 21; 60 at 22; 52 at 23; 51 at 24; 44 at 25; 34 at 26; and 31 at 27; beyond which period there was a material diminution; and only one married respectively at the ages of 39, 40, 42 and 44.

Age at the Commencement of Menstruation.—Of 623 females, in 1 the catamenia appeared at 9 years of age; 2 menstruated at 10; 15 at 11; 46 at 12; 87 at 13; 130 at 14; 115 at 15; 105 at 16; 67 at 17; 43 at 18; 10 at 19; and 2 at 20.

Ages of 708 Women registered for Attendance during Confinement (at the drawing out of the table).—1 at 16 years of age; 2 at 17; 4 at 18; 6 at 19; 27 at 20; 21 at 21; 33 at 22; 36 at 23; 45 at 24; 37 at 25; 38 at 26; 35 at 27; 41 at 28; 34 at 29; 52 at 30; 28 at 31; 27 at 32; 39 at 33; 40 at 34; 31 at 35; 23 at 36; and 27 at 37; beyond which age a marked diminution in the numbers took place, except that at 40 years 21 women were registered.

Previous Labors.—Of 641 of the above women registered, 38 were primiparous; 104 had had 1 child; 94, 2 children; 70, 3; 75, 4; 77, 5; 53, 6; 28, 7; 43, 8; 25, 9; 20, 10; 7, 11; 3, 12; 2, 13; 1, 14; and 1, 16 children.

Previous Abortions.—Of 268 women, 32 had aborted at 2 months; 139 at 3 months; 43 at 4 months; 22 at 5 months; 12 at 6 months; and 15 at 7 months.

Intervals between Deliveries.—Of 275 women, 3 had an interval between their confinements of 10 months; 1, of 11 months; 51, of a year; 100, of a year and a half; 156, of 2 years; 87, of two years and a half; 51, of three years; 16, of three years and a half; 19, of four years; 6,

6 of 4 years and a half; 5, of five years; 3, of five years and a half; 1 of eight years; and 2, respectively, of ten, twelve and thirteen years.

Duration of Labor.—Of 470 labors, 10 had terminated in an hour from their commencement; 32 in 2 hours; 34 in 3 hours; 63 in 4 hours; 51 in 7 hours; 45 in 6 hours; 47 in 7 hours; 26 in 8 hours; 28 in 9 hours; 18 in 10 hours; 17 in 11 hours; 27 in 12 hours; 17 in 13 hours; 8 in 14 hours; 12 in 15 hours; 2 in 16 hours; 2 in 17 hours; 3 in 18 hours; 5 in 19 hours; 3 in 20 hours; 3 in 22 hours; 8 in 24 hours; 1, respectively, in 23, 27, 33 and 44 hours; and 5 in 48 hours.

Presentations.—Of 487 presentations, 468 were of the vertex, in 6 of which the face was towards the pubis; in 5, prolapse of the funis occurred, in 3 of which the children were stillborn, and the hand presented with the head in 2 instances; 6 were shoulder or arm presentations, in which cases 4 of the children were stillborn; 16 were breech presentations, in which cases 5 children were stillborn, and 5 were footling cases.

The vectis was used once, and the forceps twice—once in impaction of the head, and once in a retarded labor.

Time of Expulsion of the Placenta.—In 334 cases, this happened in 5 minutes after the birth of the child; in 22 in 8 minutes; in 85 in 10 minutes; in 51 in 15 minutes; in 18 in 30 minutes; in 4 in 40 minutes; in 3 in 1 hour; in 1 in an hour and a quarter; in 2 in 1 hour and a half; and in 1 in 4 hours (this patient died with puerperal mania).

Four placenta were decomposed; 5 adherent, of which 1 was extracted in half an hour; 2 in an hour and a half, without hemorrhage; and 2 in three hours, with hemorrhage.

Intervals between Menstruation and Confinement.—In 11 cases there was an interval of 6 months; in 6 of 7 months; in 42 of 8 months; in 110 of 9 months; in 70 of 10 months; in 2 of 11 months; and in 2 of 12 months. Ten patients had not menstruated since their previous confinements; 3 menstruated up to the period of quickening; and 2 menstruated during their entire pregnancy.

Puerperal convulsions occurred in two patients.

Two cases of monstrosity occurred, and a child was born with but one ear.

Death took place in one child from hæmorrhage from the funis, which had been carelessly tied by a midwife.

Severe hæmorrhage occurred in four cases; hour-glass contraction in one instance.

One patient died a few weeks after childbirth from the combined effects of hæmorrhage and starvation; from being an affectionate mother, she gave her children what she ought to have had herself.

One patient walked to the hospital, a distance of four miles, during her labor, and was safely delivered within ten minutes after her arrival.

One female has had seven preternatural presentations, and only one cranial. Two of her sisters lost their lives by cross births.

Labor commenced, in one instance, with a severe rigor, lasting two

hours; rupture of the membranes cured the rigor, and the child was born by one long-continued pain. This woman has had six children, all born in the same manner.

One woman suckled three months, another four months, and a third during the whole term of pregnancy; but, in the last case, the infant was very feeble, and died within a few hours after its birth.

Out of 628 females, we find marriage took place in upwards of 500 persons previous to the 24th year of their age. Yet few pregnancies took place before that period. The greatest number of pregnancies range from the 24th to the 34th year of age. The largest number of marriages are at the 19th and 20th years; and yet only 6 individuals were pregnant at 19 years old, and only 27 at 20. Surely these facts show that the powers of procreation are feeble in the female of tender years; and where nature indicates a fact, we do well to attend to her instructions.

From a record of the hours in which labor terminated, I find 201 females were delivered between 10, A. M. and 10, P. M., and 296 between 10, P. M. and 10, A. M. I do not, however, consider this table as affording any conclusive evidence of the hours in which labors terminate. We must wait for additional facts.

DR. FORBES'S "YOUNG PHYSIC."

THE July No. of the British and Foreign Medical Review contains eighteen pages of "Extracts from Correspondence," being letters from medical men in different countries to the editor respecting the celebrated article in his January No. on Homœopathy, &c. The letters published are all commendatory, some of them extravagantly so. The names of the writers are not given, and the towns or cities where they reside are also blank. Three are from "America"—one of which, as well as two from Scotland, we give below, and they may, perhaps, be taken as a fair specimen of the whole.

" ————— (America), Feb. 28th, 1846.

"The article has created quite a sensation here, and knowing well that it could be laid hold of by the homœopathists, and garbled as it has been, I was myself anxious that it should be re-printed in full, so that no permanent misrepresentation might exist. The favorable portion of your remarks has already been extracted by them (the homœopathists), yet they have not concealed that you are no homœopathist, and have endeavored to show that you are not consistent, by contrasting your admissions in regard to the reform produced by the practice of Hahnemann with your exposition of its absurdities. The whole article accords signally with my own views. In regard to the 'agenda, cogitanda, &c.,' I have scarcely an objection to make. Whilst I lived in ———, I was generally regarded as an 'inert' practitioner, because I did not practise the energetic and heroic treatment universal there; and since then my remedial agents have been considered to belong to a 'masterly inactivity.' I apprehend that in the progress of life, every one becomes less and less

active; is more and more disposed to attend to the 'divinity that stirs within us;' is less and less disposed to believe in the special adaptation of drugs to special morbid conditions; and more and more in the great principles of hygiene and therapeutics. With one single admission only would I hesitate to accord. You ascribe immense influence to Hahnemann as a reformer of regular practice. In this country, his doctrine and course of treatment have had but little effect on the 'regulars.' In the cities they have long become less active; but if any one is entitled to the credit more than another here, it is Broussais. Nowhere, not even in France, were his views so extensively embraced; and under their adoption, the excessive bleedings of the Rush school and the hypercatharsis in use everywhere were abandoned, and a more rational and milder system introduced. The good sense of observers of the day has also, I apprehend, had much to do in bringing about this salutary reformation."

" ————— (Scotland), 18th Jan., 1846.

"Your article in your last No. has stirred us like a trumpet. Many are terrified and enraged, as well as awakened, and, like 'Demetrius and the craftsmen' of old, are 'crying some one thing, and some another;' for they are 'confused' as well as confounded. Our friends [the minims] are quite jocose and lively at being handsomely killed, decently buried, and having a sort of funeral service read over them. They are preparing, however, phoenix-like, to rise from their own remains. You have done a great service to the profession and to mankind by giving them (in their present form) their quietus. But as to create is better than to destroy, you must go on to the *instauratio magna*, and give us, or help us to the giving of, a new *Organon*, in which Bacon's (because Nature's) rule will be followed, and the end of the healing art will be stated to be, not the knowledge of diseases, but the cure of them, by *knowledge* (of a certain kind, of course); but the knowledge as a means; the cure as the end, and the only end, though not the only result.

"Some of our better men, and who have been *lying awake, waiting to be called*, think your notice rash, rough and exaggerated. I say to them, a trumpet sounds an alarm, gives a challenge, calls attention, and signifies a position. It must be loud, it must be startling; it can hardly fail to be a little too loud, or a little too rough-voiced. I for one acknowledge it as a true and certain sound, and am ready to join the ranks: and my object in using the liberty I now take with you is first, to thank you most sincerely as a man and as a healer, for what you have done to me in this matter; and, secondly, to offer my services to you as a fellow-soldier and a free man, and one who serves the same queen (the Vis Med. Naturæ).

"We are all against the young giant being called 'Young Physic.' He must not be *nicknamed*, and by his own father too! We have got the *thing*—the *name* will come in due time."

" ————— (Scotland), 18th Jan., 1846.

"I have not ventured to bore you with my opinion of your 'Young Physic' article, because abundance of more valuable opinions would be

poured in upon you for some weeks. Now, when probably the inundation of letters has diminished, or diminishing, allow me to say that I think it a right bold, and right good essay. On this side of the Tweed we all belong much more to the school of 'Young Physic' than our Southern neighbors, with all their gigantic drug-loving, drug-giving, and drug-swallowing propensities. Still, however, the article will be of great use even in old Scotland. Some here are in great wrath at it. Never mind. *Fiat justitia, &c.*

"Pardon me if I say I think you would have made the article as useful as it will be, and less offensive to the 'some,' if you had done two things—first, not *contrasted* homœopathy and allopathy, but merely adduced homœopathic results to show (as they do) medicines of no use in many recoveries; and, second, I think you should have brought out more forcibly the fact that we have some *POSITIVE* agents in allopathy—that opium does and can act as an anodyne, antimony can sweat, ipecacuanha vomit, jalap purge, &c. &c. What we want is more precision as to when and where we should purge, vomit, sweat, &c., or where we should *not*."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 5, 1846.

Auscultation of the Heart.—"A Tabular View of the Signs furnished by Auscultation and Percussion, and their application to the diagnosis of Diseases of the Heart and Great Vessels, by O'Bryen Bellingham, M.D., &c.," has been published at this office, from the second English edition, with notes by Usher Parsons, M.D. This is by the same author and in the same style as the Tabular View of the Signs by Auscultation in Diseases of the Chest, which has been so popular among physicians of late, and is destined to have the same extensive sale. It must necessarily be a valuable guide for the practitioner, and as cheapness is a recommendation in these days of economy, no one need be without it. There is a mass of useful matter, so arranged that the eye embraces the whole of it at one view. It is calculated for a frame, to be suspended in an office or library.

Remittent Fever in Alabama.—A pamphlet of fifty-six octavo pages, being a re-print of an article that appeared in the American Journal, in April, has come in course upon our table, the title of which is as follows—"Observations on Remittent Fever, as it occurs in the Southern parts of Alabama, by Wm. M. Boling, M.D., of Montgomery, Alabama." This is an exceedingly well-written paper, and the author exhibits as much familiarity with his subject as any one who has dared to grapple with it at any former period of medical history. But we are very feebly impressed by what any one says on the never-ending topic of fever—of which the profession still appear to be as ignorant as mathematicians are of the pro-

cess of squaring the circle. There is such strange diversity of opinion in regard to the causes of fevers, of any type, that the task of ascertaining what theory is the truest would be a hopeless undertaking; and with respect to treatment, there is no system to be pursued—no rule of practice, on which we can rely with confident hope of success. There are expectant methods—in which little or nothing is attempted, yet the expectation is entertained of some favorable alteration which is momentarily expected to occur. This is considered admirable practice by some men of high intellectual endowments. Then there are calomel dosers. Fever or no fever, that is the remedy; but if patients happen to die under the treatment, absolute astonishment is expressed, because the medicine, of all things in the *materia medica*, is the only one to be trusted to in fevers. Homœopathy rests on invisible agents—the smaller the better, since efficiency is found to exist even in diluted water. The new school of physicians are decidedly convinced that they have at last hit upon the philosophical process of calming the whirlwind and directing the storm in the blood and nervous system. Next, the bleeders—the sanguinary depletants, who cut open the veins in earnest, as though they were making a breach in the Erie canal. They are no believers in any course but their own—one that is marked by some spirited demonstration—taking the bull by the horns at the onset. Different grades of confident prescribers follow each other, all equally rational and scientific, and all differing from each other in what are considered essential points, but perfectly satisfied with their own individual views of the predisposing causes of fever, and the proper remedies. Last, though by no means least, are the hydropathists, with their wet napkins and cold sheets, wrung out in spring water; and the Beechites and Thomsonians, with lobelia emetics, hot drops, steam baths, and nerve powders, who all claim to have determined the remote and predisposing causes of fevers, and to have made rapid cures. Although some actually recover under each of these different modes of treatment, yet it might as well be acknowledged, honestly, that medical science has not yet unravelled the mystery of that certain something destined to be fever.

These remarks rise spontaneously, on reading Dr. Boling's essay, but with perfect respect for his efforts. We regard him as a very talented, industrious observer, who has thrown as much light as any of his predecessors on a dark subject.

Ohio Medical Convention.—An examination of the records of the Convention, shows very clearly that it is destined to be an influential body in the State, and a standard of medical attainments will in future be recognized by this energetic institution. Although the session was opened on the 12th of May, at Columbus, the published proceedings have not long been before the public. Dr. A. H. Baker, of Preble, was elected president, with whom were associated six vice presidents. Papers were read by the following gentlemen, on the subjects attached to their names. Extracts will hereafter be made from such of them as seem of most importance. Prof. Butterfield, on Obstetric Auscultation; Dr. McIlhenny, on Animal Magnetism; Dr. White, on Version of Fœtus, &c.; Dr. Hills, A case of Dry Gangrene, &c.; Dr. Howard, Several Operations in Surgery; Dr. R. Thompson, do. do. Dr. Howard's cases present points of unusual

interest. Lastly, the code of ethics embraces all that is desirable to maintain the peace, honor and usefulness of the medical profession, the world over.

Preservation of Dead Bodies in Africa.—Dr. Lugenbeel, the talented Colonial Physician of Liberia, whose name is familiar to our readers, in one of his recent letters, mentions the following mode of disposing of the dead bodies of the different classes of natives, by the aboriginal authorities of that portion of Africa.

"It is not uncommon for deceased persons to be kept unburied for several months, and even years. I heard of a case, in which a king was kept three years, and then buried with great pomp and ceremony. In such cases, the body undergoes a kind of smoking process, the particular manner of which I have not yet been able to ascertain. The length of time during which they are kept out of the ground generally depends on the rank and influence of the individual during life. Criminals, or such as die in consequence of drinking the sassy-weed decoction—the judicial and infallible test in all cases of suspicion of witchcraft, and sometimes of theft and other crimes—are not honored with interment at all; but are left in some out-of-the-way place, a prey to wild beasts and birds. In some such places, the bones of hundreds of the unfortunate victims of this murderous practice present melancholy evidence of the influence and extent of superstition among the poor, ignorant natives of this country.

"I may here allude to a case, to which I was called a few days ago. A native man was mortally wounded by the accidental discharge of a gun, which was the property of another man. The wounded man died in a few hours; and the owner of the gun was immediately charged with the crime of witchcraft. Being afraid to try him within the jurisdiction of the colony, they intend to take him to the Kroo country, in order to give him the sassy-weed decoction, as a test of his guilt or innocence. And, as few persons escape death, after having taken the poisonous draught, he will, no doubt, meet the fate of thousands of his benighted countrymen, who have thus been ushered into the eternal world."

Thoughts on Animalcules.—Gideon Algernon Mantell, M.D., one of the most delightful writers of modern times, on geological subjects, has sent forth another little unpretending book, which is made up of notes of microscopic examinations of chalk and flint. He is exceedingly popular in England, and would be universally so in this country, if his writings were afforded cheaper, so that they might reach our remotest hamlets. Why can't there be cheaply-printed scientific matter? The depraved taste of the great public might be thus corrected.

Castleton Spring Graduates.—At the close of the Spring Session of Castleton Medical College, June 1st, 1846, the following gentlemen received the degree of M.D., viz.:

John J. Adams, Charles Angell, Alson Atwood, John B. G. Baxter, William P. Beebee, Dennison Bliss, Charles N. Branch, E. P. Buell, G. W. Barron, Ralph Bugbee, S. B. Cash, C. W. Clarke, M. A. Cushing,

John Cooper, M. V. Davis, I. S. Knapp, Geo. H. Leach, Sanil Maharg, Isaac Mayhew, Archibald Morris, W. B. Maynard, A. L. Merriam, R. C. Messer, W. Mott, H. M. Murdock, A. I. Newton, E. W. Owen, I. W. Phelps, George L. Peaslee, Orison Plumley, W. C. Doane, I. O. Dow, R. M. Dow, I. W. Fay, D. A. Fiske, W. N. Gilchrest, John Greene, Charles W. Hall, George W. Hopkins, A. W. Hayse, W. S. Housinger, I. G. Horton, W. A. Hosford, Samuel Peters, I. S. Pride, I. M. Rogers, Elisha Roberts, W. A. Sibley, W. C. Slayton, Orman Terry, B. Tenny, I. I. Trantham, I. G. Whitcomb, Seneca Wing, George S. Hood.

The honorary degree was conferred on Chester W. Keys, and Hiram N. Eastman.

Surgeons in the U. S. Army.—Appointments on the 7th of July, under the act supplemental to an act entitled "An act providing for the existing war between the United States and Mexico," approved June 18, 1846.

Surgeons.—William Trevitt, of Ohio; Benjamin Stone, of Ohio; Edward B. Price, of Illinois; James Mahan, of Illinois; Robert F. Richardson, of Illinois; Wm. M. Quinn, of Illinois; Seymour Halsey, of Mississippi; Paul F. Erie, of Georgia.

Assistant Surgeons.—Robert McNeal, of Ohio; P. H. Mulvaney, of Ohio; Wm. B. Herrick, of Illinois; Daniel Turney, of Illinois; Washington J. Gibbs, of Illinois; Henry Bragg, of Illinois; John Thompson, of Mississippi.

Appointments on the 14th of July, under the act approved June 18, 1846.

Surgeons.—Alexander Hensley, of Kentucky; Thomas L. Caldwell, of Kentucky; Robert P. Hunt, of Kentucky; Caleb V. Jones, of Indiana; Daniel S. Lane, of Indiana; James S. Athore, of Indiana; E. K. Chamberlain, of Ohio.

Assistant Surgeons.—Alexander Blanson, of Kentucky; John J. Matthews, of Kentucky; James B. Israel, of Kentucky; Wm. Fisdick, of Indiana; John F. Walker, of Indiana; John G. Dunn, of Indiana; A. E. Keightway, of Ohio; John J. B. Hoxey, of Georgia.

Surgical Operation.—The operation of Lithotomy was performed on the 9th ult., on Mr. John Carder, of Warwick, by Dr. Parsons, of Providence. The stone removed from the bladder measures *five inches* in circumference. The patient, who is 74 years of age, bore the operation with great fortitude, and is already nearly recovered from it, as well as from the previous sufferings which had afflicted him for many years.

Cold Water Treatment.—On Saturday, June 20th, James Ellis, the laceman, took his trial at the Central Criminal Court, for the manslaughter of Richard Dresser. The coroner's inquisition on which he was tried charged him with having "injuriously, rashly, negligently, and feloniously, caused certain cloths, saturated with water, to be placed upon the body of Richard Dresser for a long period of time; and that he had also rashly, injuriously, &c., placed him in a bath containing a large quantity of water; and that by these means he caused him to be mortally disordered in his body, and likewise occasioned a mortal congestion of the heart and lungs, of which he languished until the 2d of June, and then

died." Mr. Bodkin opened the case for the prosecution. The evidence at the inquest was reiterated. Lord Chief Justice Tindal summed up, and the jury returned a verdict of *Not Guilty*.—*London Lancet*.

Medical Miscellany.—Mrs. Marr, of Phippsburg, Me., says a Bath paper, was delivered of six children on the 27th of June, two living and four dead. The mother and twins are doing well.—One Spencer, a travelling lecturer on mesmerism, has been arrested in New Jersey, for murdering his wife.—Dr. John J. Abernethy, passed Assistant Surgeon, has gone out in the U. S. Store Ship Lexington, bound to the Pacific. Dr. James Ord, Assistant Surgeon, goes out with the artillery company, in the same vessel.—A desperate effort is making to soften down the extreme rigidity of the quarantine laws at Marseilles, which will finally ruin the commerce of the place, if not speedily ameliorated.—An attempt was made a little time since, by an incendiary, to fire the Naval Hospital at Chelsea, opposite Boston.—The Senate has confirmed the appointment of fifteen Surgeons and fifteen Assistant Surgeons for the U. S. Army. They are all natives of Ohio, Indiana, Kentucky, Illinois, Missouri and Georgia.—Letters from Persia state that the cholera is making frightful ravages in the interior of Asia. It has travelled from Cabul to Teheran. It is also raging at Bombay.—Mr. Grand says that Berlin contains 10,000 persons sick with diseases produced by their vices; 10,000 prostitutes, and 2000 illegitimate children are born there annually.—Dr. Wm. H. Watkins, of Howard District, Md., has been elected lieut. of a troop of horse—volunteer service, it is presumed.—Stockton's Dental Intelligencer is improving exceedingly.—Another college of dental surgery has been opened at Cincinnati, with a board of six professors, in a new edifice just completed. The lecture term opens the first Monday in Nov. That is the way to have good and trustworthy operators.—At Puerto Principe, Cuba, there has been considerable intermittent fever, besides the vomito prieto.—In the month of May 275 cases of yellow fever entered the military hospital, and 53 the first fifteen days of June.—A man lately died in Pennsylvania in consequence of being stung in the nostril by an insect.—A new chalybeate spring has been found at Ann Arbor, Michigan.—Samuel R. House, M.D., sailed from New York for Siam, to join the missionary service.—Dr. Tompkins, of Virginia, has been fighting a duel.

TO CORRESPONDENTS.—Dr. Atkinson's Case of Inversion of the Uterus, Dr. Sugg's Case of Bright's Kidney, and Dr. Gushee's Case of Excision of the Omentum, are on file for early publication.

MARRIED.—Dr. Wm. H. Bartlett, of Green Township, Ohio, to Miss M. Winter.

DIED.—At Springfield, Mass., Dr. Geo. Frost, 46.—At Brooklyn, N. Y., Samuel T. Smith, M.D., 31.—Murdered, near Riddle's Mill, Boon Co., Ky., Dr. Henry F. B. Childress.

Report of Deaths in Boston—for the week ending Aug. 1st, 91.—Males, 46, females, 45. Stillborn, 9. Of consumption, 10—cholera morbus, 2—dysentery, 4—disease of the bowels, 20—cholera infantum, 3—slow fever, 1—intemperance, 2—infantile, 4—lung fever, 1—mortification, 1—brain fever, 1—scarlet fever, 1—marasmus, 3—tumor, 1—debility, 1—measles, 3—dropsy on the brain, 4—childbed, 1—disease of the heart, 2—old age, 1—diarrhea, 1—croup, 1—gravel, 1—disease of the lungs, 1—teething, 1—convulsions, 1—inflammation of the bowels, 2—apoplexy, 1—hooping cough, 1—accidental, 2—typhus fever, 3—paralysis, 1—disease of the liver, 1—cancer, 1—canker, 1—unknown, 1.

Under 5 years, 60—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 3.

Employment as a Cause of Scrofula.—In considering this question, Mr. Phillips devotes his principal attention to the litigated question of the influence of factory labor in developing scrofula. He has secured several valuable and extensive statistical returns from the manufacturing districts; the substance of which we subjoin in his own words:

"In Leeds, Dr. T. Smith very kindly examined, at my request, 1095 children, employed in different factories, and examined 548 children of the same class, not employed in factories. The result is, that those not employed in factories exhibited marks of scrofula in 8 per cent. more instances than those whose days are spent in such establishments. In Manchester and other great manufacturing towns, a similar result has been obtained by examinations made at my request, and on so large a scale that there is every reason to feel confident in the opinion already expressed. Again, from his dispensary practice, Dr. Smith has made me the following report:—"Of 916 persons, between 7 and 14, the children of factory operatives, but not themselves employed in factories, 365, or 39 per cent., had enlarged glands, and 75, or 8 per cent., had scars resulting from scrofula. Of 567 persons, all under 21, and employed in factories, 124, or 22 per cent., had scrofulous scars."

"Mr. Poyser, the intelligent surgeon of Winksworth, kindly examined for me the people employed in Mr. Arkwright's mills, and the following are the results which he communicated:—"Persons examined, 798; total number having marks of scrofula, 29."

"I have obtained, through the kindness of Messrs. Horner and Saunders, the results of the examination of 6754 factory children, from which it appears that marks of scrofula were found in only 905 instances, or only 13½ per cent. The returns of Mr. Fereday, Mr. Davis, and that of other friends, who have kindly made a comparative examination of a large number of children, exhibit similar results; and they leave no doubt on my mind that children employed in factories are more free from scrofula than the average of children in England and Wales."—*British and Foreign Medical Review*.

UNIVERSITY OF THE STATE OF NEW YORK—COLLEGE OF PHYSICIANS AND SURGEONS.

FORTIETH SESSION.

The Annual Course of Lectures in the College will be commenced on Monday, 21 November, 1846, and continued until 1st March, 1847.

ALEXANDER H. STEVENS, M.D., President of the College, and Emeritus Prof. of Clin. Surgery.

JOSEPH MATTHEW SMITH, M.D., Prof. of the Theory and Practice of Medicine and Clin. Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., LL.D., Prof. of Chemistry and Botany.

ROBERT WATTS, Jr., M.D., Prof. of Anatomy and Physiology.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

GUSTAVUS A. SABINE, M.D., Demonstrator of Anatomy.

Fees.—Matriculation Fee, \$5. Fees for the full Course of Lectures, \$94. Demonstrator's Ticket, \$5. Graduation Fee, \$25. Board, average \$3 per week.

Clinical Instruction is given at the New York Hospital daily, by the medical officers (Prof. Smith being one of them), fee \$3 per annum; at the Eye Infirmary, without fee; and about 1000 patients are annually exhibited to the class, in the College Clinique. Obstetrical cases and anatomical material are abundantly furnished through the respective departments.

The Annual Commencement is held on the second Thursday in March: there is also a semi-annual examination in September. The requisites for graduation are, 21 years of age; three years of study, including two full Course of Lectures, the last of which must have been attended in this College; and the presentation of a Thesis on some subject connected with Medical Science.

During the month of October, a Course of Lectures will be delivered on the following subjects:

Hygiene, - - - - -	by Professor SMITH.
Comparative Anatomy, - - - - -	Professor WATTS.
Veneral Diseases, - - - - -	Professor PARKER.
Diseases of the Os and Cervix Uteri, - - - - -	Professor GILMAN.

This Course will be free to the Matriculated Students of the College.

College of Physicians and Surgeons,
67 Crosby Street, New York.

July 22—eptSleep1N1

R. WATTS, Jr., M.D.
Sec'y to the Faculty.